UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION 5
RCRA ACTIVITIES
P.O. BOX A3587
CHICAGO, ILLINOIS 60690

OCT 20 1988

DON JOHNSTON ENV CDR
PETERSON BUILDERS INC
PO BOX 650
STURGEON BAY WI 54235

RE: EPA ID #: WID 096828975

In response to your request of SEP 02 1988 the following information has been updated:

CONTACT: JOHNSTON DON ENV CDR
PHONE: 414 743 5574
OWN: PETERSON BUILDERS INC
DELETED: TRANSPORTER

If you have questions, please contact Sharon Kiddon at (312)886-6173.

Sincerely,

Arthur S. Kawatachi

Arthur S. Kawatachi
Information Section
RCRA Program Management Branch

cc: State Agency
File

UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION V
111 West Jackson Blvd.
CHICAGO, ILLINOIS 60604

NOV 18 1982

REPLY TO ATTENTION OF:
RCRA ACTIVITIES

Gary Higgins, Mgr.. Ind. Eng.
Peterson Builders Inc.
101 Pennsylvania Street
Sturgeon Bay, Wisconsin 54235

RE: Interim Status Acknowledgement USEPA ID No. WI D096828975
FACILITY NAME: Peterson Builders Inc.

Dear Mr. Higgins:

This is to acknowledge that the U.S. Environmental Protection Agency (USEPA) has completed processing your Part A Hazardous Waste Permit Application. It is the opinion of this office that the information submitted is complete and that you, as an owner or operator of a hazardous waste management facility, have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for interim status. However, should USEPA obtain information which indicates that your application was incomplete or inaccurate, you may be requested to provide further documentation of your claim for interim status. Our opinion will be reevaluated on the basis of this information.

The State of Wisconsin has received Phase I interim authorization under Section 3006 of RCRA. Because of this authorization you are required to comply with standards prescribed in the Wisconsin Administrative Code, NR-181, in lieu of the standards in 40 CFR 265. In addition, you are reminded that operating under interim status does not relieve you of the need to comply with other applicable Federal, State and local requirements.

The printout enclosed with this letter identifies the limit(s) of the process design capacities your facility may use during the interim status period. This information was obtained from the Part A permit application that was sent to USEPA. If you wish to handle new wastes, to change processes, to increase the design capacity of existing processes, or to change ownership or operational control of the facility, you may do so only as provided in 40 CFR 122.23 and as State regulations allow.

As stated in the first paragraph of this letter, you have met the requirements of 40 CFR 122.23; your facility may operate under interim status until such time as an RCRA permit is issued or denied. This will be preceded by a request from this office or the Wisconsin Department of Natural Resources for Part B of your application. Please contact Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions concerning this letter or the enclosure.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief
Waste Management Branch

R. Karl 11/17/82 11/17/82

Enclosure

cc: E. L. Peterson, President

LAIDLAW ENVIRONMENTAL SERVICES

LAIDLAW ENVIRONMENTAL SERVIC

CUSTOMER NOTIFICATION AND CERTIFICATION

Only Statements with Original Signatures will be Accepted!

Generator Name/Location: PETERSON BUILDERS, INC., STURGEON BAY, WI

EPA I.D. Number: WID096828975

Waste Profile or ARF Number: PBI-01 04,05,06,07,08,09, 10, 11, 12, 13

Manifest Number: IL 4375798

EPA Hazardous Waste Number(s): D002, U028, U228, D001, D007, C001

Waste Analysis Available? YES ✓ NO _____ If yes, please attach copy.

✓ Unrestricted Waste Notification (Category 1)
I notify that to the best of my knowledge through analysis and testing or through knowledge of the waste to support this notification that the waste is not restricted as specified in 40 CFR 268, Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA Section 3004(d).

✓ Restricted Waste Notification (Category 2)
I notify that to the best of my knowledge through analysis and testing or through knowledge of the waste to support this notification that the waste does not comply with the treatment standards specified in 40 CFR 268, Subpart D. Waste must be treated by the appropriate regulatory treatment standard or in such a manner which renders it nonliquid by chemical fixation or solidification prior to land disposal. Corresponding treatment standard _____

___ Restricted Waste Variance Notification (Category 3)
I notify pursuant to 40 CFR 268.7(a)(3) and certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268, Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA Section 3004(d). I believe that the information I submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment.

Applicable Variance _____

___ Treated Waste Certification (Category 4)

___ (4a) I certify under penalty of law that I have personally examined and am familiar with the treatment technology and operation of the treatment process used to support this certification and that, based on my inquiry of those individuals immediately responsible for obtaining this information I believe that the treatment process has been operated and maintained properly so as to comply with the performance levels specified in 40 CFR Part 268, Subpart D, and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA Section 3004(d) without impermissible dilution of the prohibited waste. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.

___ (4b) I certify under penalty of law that I have personally examined and am familiar with the treatment technology and operation of the treatment process used to support this certification and that, based on my inquiry of those individuals immediately responsible for obtaining this information, I believe that the nonwastewater organic constituents have been treated by incineration in units operated in accordance with 40 CFR Part 264, Subpart O or Part 265, Subpart O, or by combustion in fuel substitution units operating in accordance with applicable technical requirements, and I have been unable to detect the nonwastewater organic constituents despite having used best good faith efforts to analyze for such constituents. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.

___ Restricted Waste Certification (Category 5)
I certify under penalty of law that I personally have examined and am familiar with the waste through anaylsis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA section 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment.

SIGNATURE: Richard Propson DATE: 12-19-90

PRINT NAME: Richard Propson TITLE: Environmental Engineer

August 1990

Generator Name/Location: PETERSON BUILDERS, INC., STURGEON BAY, WI

EPA ID Number: WID096828975 Manifest Number: IL 4375798

Drum Number, Waste Profile or ARF Number	Category No.	State EPA Waste Number(s)	Corresponding Treatment Standard/ Applicable Variance/Other Information
121790pcPBI-01,02	2	D002 (pH<2)	NWW, DEACT, 268.42 TABLE 2
121790pcPBI-03,04	1	NONE	NA
10-15,16,17,18	1	" "	NA
19-22	1	" "	NA
121790pcPBI-05	2	U028	NWW, 28 mg/kg
121790pcPBI-06	2	U228	NWW, 5.6 mg/kg
121790pc PBI-07-09	2	D001	NWW, DEACT 268.42 TABLE 2
" "	2	D007	NWW, REFER TO S248.41 TABLE CCW
121790pc PBI-83	2	D001	NWW, F039, D001, DEACT 268.42 TABLE 2
121790pc PBI-84	1	NONE	N/A
121790pc PBI-85	2	D001, D007	NWW, F039, D001, DEACT 268.42, TABLE 2 AND TREATMENT STANDARDS NWW

SIGNATURE: Richard Propson TITLE: Environmental Engineer

PRINT NAME: Richard Propson. DATE: 12-19-90

ONLY ORIGINAL SIGNATURES WILL BE ACCEPTED! September 23, 1988

* For Treatment Standards Expressed as Concentration, Please Enter the Legend Number from the Legend Below for the Constituents contained in the Waste.

LEGEND FOR TREATMENT STANDARDS EXPRESSED AS CONCENTRATION

TABLE CCWE-CONSTITUENTS IN WASTE EXTRACT

	F001-F005 spent solvent	Concentration (In mg/l) Waste Water Containing Spent Solvents	All other Spent Solvent Wastes
Legend #	Constituent Name		
1	Acetone	0.05	0.59
2	n-butyl alcohol	5.0	5.0
3	Carbon disulfide	1.05	4.81
4	Carbon Tetrachloride	.05	.96
5	Chlorobenzene	.15	.05
6	Cresols (and cresylic acid)	2.82	.75
7	Cyclohexanone	.125	.75
8	1.2-dichlorobenzene	.65	.125
9	Ethyl acetate	.05	.75
10	Ethyl benezene	.05	.053
11	Ethyl ether	.05	.75
12	Isobutanol	5.0	5.0
13	Methanol	.25	.75
14	Methylene chloride	.20	.96
15	Methylene chloride (from the pharmaceutical industry)	0.44	.96
16	Methyl ethyl ketone	0.05	0.75
17	Methyl isobuty ketone	0.05	0.33
18	Nitrobenzene	0.66	0.125
19	Pyridine	1.12	0.33
20	Tetrachlorethylene	0.079	0.05
21	Toluene	1.12	0.33
22	1.1.1-Trichloroethane	1.05	0.41
23	1.2.2-richloro-1.2.2-trifluroethane	1.05	0.96
24	Trichloroethylene	0.062	0.091
25	Thrichlorofluoromethane	0.05	0.96
26	Xylene	0.05	0.15

Legend #	F010-F023 and F026-F028 dioxin Containing Waste	Concentration
27	HxCCD-kAll Hexachlorodibenzo-p-dioxins	1 ppb
28	HxCDF-All Hexachlorodibenzofurans	1 ppb
29	PeCdd-All Pentachlorodibenzo-p-dioxins	1 ppb
30	PeCDF-All Pentachlorodibenzofurans	1 ppb
31	TCDD-All Tetrachlorodibenzo-p-dioxins	1 ppb
32	TCDF-All Tetrachlorodibenzofurans	1 ppb
33	2.4.5-Trichlorophenol	0.05 ppm
34	2.4.6-Trichlorophenol	0.05 ppm
35	2.3.4.6-Tetrachlorophenol	0.10 ppm
36	Pentachlorophenol	0.01 ppm

CALIFORNIA LIST WASTES

37	Nickel	134 mg/l
38	Thallium	130 mg/l
39	Cyanide (Liquid)	1000 mg/l

L. LAW ENVIRONMENTAL SERVICES

LAB PACK CERTIFICATION

Generator Name/Location: PETERSON BUILDERS, INC./107 E. WALNUT, STURGEON BAY, WI. 54235

EPA I.D. Number: WID096828975 Manifest Number: IL4375798

Drum Number, Waste Profile Or ARF Number	Category Number	State EPA Waste Number(s)	Corresponding Treatment Standard/ Applicable Variance/Other Information
21790pcPBI-23-30,	66	D001	INCIN.
21790pcPBI-31,	66	D001	INCIN.
" "	66	D008	" "
21790pcPBI-32	66	D001	INCIN.
" "	66	D008	" "
21790pcPBI-33,34,	66	D001	INCIN.
21790pcPBI-35	66	D001	INCIN.
" "	"	D007	" "
21790pcPBI-36,	66	D001	INCIN.
21790pcPBI 37-44	66	D001	INCIN.
21790pcPBI-45,	66	D001	INCIN.

— For proper notification, attach page 1 of Laidlaw Customer Notification and Certification form

— Category 6 - Lab Pack Certification

X (6a) Organometallic (inorganic)
I certify under penalty of law that I personally have examined and am familiar with the waste and that the lab pack contains only the wastes specified in Appendix IV to Part 268 or solid wastes not subject to regulation under Part 261. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine or imprisonment.

X (6b) Organic
I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste and that the lab pack contains only organic waste specified in Appendix V to Part 268 or solid wastes not subject to regulation under Part 261. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine or imprisonment.

SIGNATURE: Richard Propson DATE: 12-19-90

PRINT NAME: Richard Propson TITLE: Environmental Engineer

Only Original Signatures will be Accepted

Please print or type with ELITE type *(12 characters p[illegible]h)* unshaded areas only

Form [illegible] OMB No. 2050-0028. Expires 9-30-88.
GSA No. 0246-EPA-OT

United States Environmental Protection Agency
Washington, DC 20460

88.8667

EPA Notification of Hazardous Waste Activity

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law *(Section 3010 of the Resource Conservation and Recovery Act).*

For Official Use Only

Comments: C C

Installation's EPA ID Number: C F | T/A: | C: 1 | Approved | Date Received *(yr. mo. day)*

I. Name of Installation

PETERSON BUILDERS, INC. PLANT 2

II. Installation Mailing Address

Street or P.O. Box (C 3): PO BOX 650

City or Town (C 4): STURGEON BAY | State: WI | ZIP Code: 54235

III. Location of Installation

Street or Route Number (C 5): 107 EAST WALNUT STREET

City or Town (C 6): STURGEON BAY | State: WI | ZIP Code: 54235

IV. Installation Contact

Name and Title *(last, first, and job title)* (C 2): JOHNSTON DON ENVCDR

Phone Number *(area code and number)*: 414 743 5574

V. Ownership

A. Name of Installation's Legal Owner (C R): PETERSON BUILDERS INC

B. Type of Ownership *(enter code)*: P

VI. Type of Regulated Waste Activity *(Mark 'X' in the appropriate boxes. Refer to instructions.)*

A. Hazardous Waste Activity

- [X] 1a. Generator
- [ ] 1b. Less than 1,000 kg/mo.
- [ ] 2. Transporter
- [X] 3. Treater/Storer/Disposer
- [ ] 4. Underground Injection
- [ ] 5. Market or Burn Hazardous Waste Fuel *(enter 'X' and mark appropriate boxes below)*
  - [ ] a. Generator Marketing to Burner
  - [ ] b. Other Marketer
  - [ ] c. Burner

B. Used Oil Fuel Activities

- [ ] 6. Off-Specification Used Oil Fuel *(enter 'X' and mark appropriate boxes below)*
  - [ ] a. Generator Marketing to Burner
  - [ ] b. Other Marketer
  - [ ] c. Burner
- [ ] 7. Specification Used Oil Fuel Marketer *(or On site Burner)* Who First Claims the Oil Meets the Specification

RECEIVED
SEP 02 1988
EPA REGION V
SWB — PMS

VII. Waste Fuel Burning: Type of Combustion Device *(enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)*

- [ ] A. Utility Boiler
- [ ] B. Industrial Boiler
- [ ] C. Industrial Furnace

VIII. Mode of Transportation *(transporters only — enter 'X' in the appropriate box(es)*

- [ ] A. Air
- [ ] B. Rail
- [ ] C. Highway
- [ ] D. Water
- [ ] E. Other *(specify)*

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

- [ ] A. First Notification
- [X] B. Subsequent Notification *(complete item C)*

C. Installation's EPA ID Number: WID096828975

— For Official Use Only

C
W

T/A | C
1

X. Description of Hazardous Wastes *(continued from front)*

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 *CFR* Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F002	F003				
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 *CFR* Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 *CFR* Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
U028					
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 *CFR* Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. *(See 40* CFR *Parts 261.21 — 261.24)*

☐ 1. Ignitable *(D001)*
☐ 2. Corrosive *(D002)*
☐ 3. Reactive *(D003)*
☐ 4. Toxic *(D000)*

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature	Name and Official Title *(type or print)*	Date Signed
Donald Johnston	DONALD JOHNSTON, ENV COORDINATOR	8/30/88

EPA

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act *(RCRA)*. Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ➤ • WID096828975 REACKNOWLEDGEMENT

PETERSON BUILDERS INC PLANT 11
107 E WALNUT
STURGEON BAY WI 54235

INSTALLATION ADDRESS ➤ 107 E WALNUT
STURGEON BAY WI 54235

EPA Form 8700-12B (4-80)

06/13/81

Peterson Builders, Inc.
SHIP DESIGNERS AND BUILDERS
STURGEON BAY, WISCONSIN 54235
101 Pennsylvania Street, P.O. Box 47
(414) 743-5577
TELEX 26-3423

June 3, 1981

Y.J. Kim, Region V
Environmental Protection Agency
Solid Waste Program
230 Dearborn Street
Chicago, ILL 60604

Dear Mr. Kim:

Please amend Peterson Builders, Inc. Notification of Hazardous Waste Activity, dated November 11, 1980, for both the Pennsylvania Street and the East Walnut Street facilities as follows:

IV. INSTALLATION CONTACT: Change from Dave Nieman to Gary Higgins, Industrial Engineering Manager, (414)-743-5577.

VI. TYPE OF HAZARDOUS WASTE ACTIVITY: Change from (A) Generation and (C) Treatment/Store/Dispose to (A) Generation and (B) Transportation.

EPA identification numbers for these facilities are:
101 Pennsylvania Street - WID006139349
107 East Walnut - WID096828975

Very truly yours,

PETERSON BUILDERS, INC.

Gary Higgins
Industrial Engineering Manager

GH/ss
cc: Fred J. Peterson II

SUB. NOT.

JUN 24 1981

RECEIVED
JUN 8 - 1
WASTE MANAGEMENT BRANCH
EPA, REGION V

PETERSON BUILDERS, INC.
SHIP DESIGNERS AND BUILDERS
STURGEON BAY, WISCONSIN 54235
101 Pennsylvania Street, P.O. Box 47
(414) 743-5577
TELEX 26-3423

Changes Made:
7-31-81
SP

June 3, 1981

Y.J. Kim, Region V
Environmental Protection Agency
Solid Waste Program
230 Dearborn Street
Chicago, ILL 60604

Dear Mr. Kim:

Please amend Peterson Builders, Inc. Notification of Hazardous Waste Activity, dated November 11, 1980, for both the Pennsylvania Street and the East Walnut Street facilities as follows:

IV. INSTALLATION CONTACT: Change from Dave Nieman to Gary Higgins, Industrial Engineering Manager, (414)-743-5577.

VI. TYPE OF HAZARDOUS WASTE ACTIVITY: Change from (A) Generation and (C) Treatment/Store/Dispose to (A) Generation and (B) Transportation. + TSD Per letter dated 7-23-81 SP

EPA identification numbers for these facilities are:
101 Pennsylvania Street - WID006139349
107 East Walnut - WID096828975

Very truly yours,

PETERSON BUILDERS, INC.

Gary Higgins
Industrial Engineering Manager

GH/ss
cc: Fred J. Peterson II

Please print or type with ELITE type *(12 characters* [illegible] *n the unshaded areas only.*

Form Approved OMB No. 158-S79016
[illegible]. 0246-EPA-OT

EPA

U.S. ENVIRON[illegible]AL PROTECTION AGENCY

NOTIFICATION OF [illegible]AZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

000523 DEC 1980

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law *(Section 3010 of the Resource Conservation and Recovery Act).*

DETACH

FOR OFFICIAL USE ONLY

COMMENTS: C

INSTALLATION'S EPA I.D. NUMBER: F WID096828975 T/A 1 — APPROVED: A — DATE RECEIVED (yr., mo., & day): 801119

I. NAME OF INSTALLATION

Peterson Builders, Inc Plant II

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 307 E. Walnut

CITY OR TOWN: Sturgeon Bay, — ST.: Wis. — ZIP CODE: 54235

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 107 E. Walnut

CITY OR TOWN: Sturgeon Bay, Wisconsin — ST.: — ZIP CODE: 54235

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)*: Dave Nieman Safety Technician

PHONE NO. *(area code & no.)*: 414-743-5577

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: Ellsworth L. Peterson - President

B. TYPE OF OWNERSHIP *(enter the appropriate letter into box)*: M

F = FEDERAL
M = NON–FEDERAL

VI. TYPE OF HAZARDOUS WASTE ACTIVITY *(enter "X" in the appropriate box(es))*

- [X] A. GENERATION
- [X] B. TRANSPORTATION *(complete item VII)*
- [X] C. TREAT/STORE/DISPOSE
- [ ] D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION *(transporters only – enter "X" in the appropriate box(es))*

- [ ] A. AIR
- [ ] B. RAIL
- [ ] C. HIGHWAY
- [ ] D. WATER
- [ ] E. OTHER *(specify):*

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

- [X] A. FIRST NOTIFICATION
- [ ] B. SUBSEQUENT NOTIFICATION *(complete item C)*

C. INSTALLATION'S EPA I.D. NO.: WID096828975

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

NOV 19 1980

CONTINUE ON REVERSE

I.D. – FOR OFFICIAL USE ONLY

S W | W I D 0 9 6 8 2 8 9 7 5 | 1

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

A. HAZARDOUS WASTES FROM NON–SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.31 for each listed hazardous waste from non–specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F 0 0 2	F 0 0 3	F 0 0 5	F 0 1 7		
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four–digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
U 0 5 5	U 1 5 9	U 2 2 0	U 2 3 9	U 1 8 8	
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four–digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. CHARACTERISTICS OF NON–LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non–listed hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 – 261.24.)*

- [X] 1. IGNITABLE (D001)
- [ ] 2. CORROSIVE (D002)
- [ ] 3. REACTIVE (D003)
- [X] 4. TOXIC (D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
Fred J Peterson II	Fred J. Peterson-II Facility Superintendent	11/13/80

PBI Peterson Builders, Inc.
SHIP DESIGNERS AND BUILDERS
STURGEON BAY, WISCONSIN 54235-0047
101 Pennsylvania Street, P.O. Box 47
(414) 743-5574
TELEX 26-3423

In reply refer to:
GENERAL - 2006 - JLB
17 March 1986

US EPA - Region V
230 South Dearborn
S HS 13
Chicago, IL 60604

Attn: Richard Rupert

Subj: Peterson Builders, Inc.
Permit Amendment Application
RCRA Permit WID 096828975

Dear Mr. Rupert:

As discussed, five (5) copies of PBI's amended Part A are enclosed. The amendment shows the redesignation of Di Octyl Phthalate to its proper EPA Code U028.

Di Octyl Phthalate is used in the cleanup of spray tools for fiberglass work. Its use is based on manufacturer recommendations. The manufacturer was unable to recommend an unlisted substance as a substitute.

At your suggestion, I have discussed the use of Mine Safety breathing apparatus with our Safety and Emergency Managers. Both agree with you that the masks should not be used for fire or spill. Please pen and ink delete those masks from Paragraph I-C.1.b on line G-4 of the amended application.

PETERSON BUILDERS, INC.

John L. Beales
Hazardous Waste Manager

JLB:sks

cc: PMO w/o encl.
J. Beales w/encl.

Please print or type in the unshaded areas only
(fill-in areas are spaced for elite type, i.e., 12 characters per inch).

Form Approved OMB No. 158-R0175

FORM 1 GENERAL

EPA

ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

EPA I.D. NUMBER: F WID 096828975 D

LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of **bold-faced terms.**

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED	SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.**? (FORM 2A)		X		B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge** to **waters of the U.S.**? (FORM 2B)		X	
C. Is this a facility which currently results in **discharges** to **waters of the U.S.** other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge** to **waters of the U.S.**? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)		X		J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP: Peterson Builders Inc

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
2 Gary Higgins Mgr IND ENG	414 743 5577

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX: 3 101 Pennsylvania Street

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 Sturgeon Bay	WI	54235

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER: 5 107 E Walnut

B. COUNTY NAME: Door

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
6 Sturgeon Bay	WI	54235	015

RECEIVED 4/25/83

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST	B. SECOND
3731 (specify) Ship Building	3629 (specify) Industrial Trucks

C. THIRD	D. FOURTH
(specify)	(specify)

VIII. OPERATOR INFORMATION

A. NAME: Peterson Builders Inc

B. Is the name listed in Item VIII-A also the owner? ☒ YES ☐ NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)
F = FEDERAL; S = STATE; P = PRIVATE; M = PUBLIC (other than federal or state); O = OTHER (specify)

P (specify)

D. PHONE (area code & no.): A 414 743 5577

E. STREET OR P.O. BOX: 101 Pennsylvania Street

F. CITY OR TOWN: Sturgeon Bay

G. STATE: WI

H. ZIP CODE: 54235

IX. INDIAN LAND

Is the facility located on Indian lands? ☐ YES ☒ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)	D. PSD (Air Emissions from Proposed Sources)
9 N	9 P
B. UIC (Underground Injection of Fluids)	**E. OTHER** (specify)
9 U	9 (specify)
C. RCRA (Hazardous Wastes)	**E. OTHER** (specify)
9 R	9 (specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property bounderies. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Ship Building

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
Joe Gagnon Vice President/General Manager	Joe Gagnon	April 20, 1983

COMMENTS FOR OFFICIAL USE ONLY

C

Please print or type in the unshaded areas only
(fill-in areas are spaced for elite type, i.e., 12 charac[illegible]).

Form Approved OMB No. 158-S80004

FORM 3 RCRA

U.S. ENVIRONMENTAL PROTECTION AGENCY

HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

EPA I.D. NUMBER

S												T/A	C
F	W	I	D	0	9	6	8	2	8	9	7	5	I

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below *(mark one box only)* to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION *(place an "X" below and provide the appropriate date)*

[X] 1. EXISTING FACILITY *(See instructions for definition of "existing" facility. Complete item below.)*

[ ] 2. NEW FACILITY *(Complete item below.)*

C 8

FOR EXISTING FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED *(use the boxes to the left)*

YR.	MO.	DAY
8 0	0 5	1 9

FOR NEW FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR IS EXPECTED TO BEGIN

YR.	MO.	DAY

B. REVISED APPLICATION *(place an "X" below and complete Item I above)*

[ ] 1. FACILITY HAS INTERIM STATUS

[ ] 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES — CODES AND DESIGN CAPACITIES

A. PROCESS CODE — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process *(including its design capacity)* in the space provided on the form *(Item III-C)*.

B. PROCESS DESIGN CAPACITY — For each code entered in column A enter the capacity of the process.

1. AMOUNT — Enter the amount.
2. UNIT OF MEASURE — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER *(barrel, drum, etc.)*	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET *(the volume that would cover one acre to a depth of one foot)* OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER *(Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)*	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H
ACRE-FEET	A
HECTARE-METER	F
ACRES	B
HECTARES	G

EXAMPLE FOR COMPLETING ITEM III *(shown in line numbers X-1 and X-2 below)*: A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S														T/A	C
C	D	U	P												I

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
X-1	S 0 2	600	G		5				
X-2	T 0 3	20	E		6				
1	S 0 1	2750	G		7				
2					8				
3					9				
4					10				

Continued from the front.

III. PROCESSES *(continued)*

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES *(code "T04")*. FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. **EPA HAZARDOUS WASTE NUMBER** — Enter the four—digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four—digit number*(s)* from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. **ESTIMATED ANNUAL QUANTITY** — For each **listed waste** entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each **characteristic** or **toxic contaminant** entered in column A estimate the total annual quantity of all the non—listed waste*(s)* that will be handled which possess that characteristic or contaminant.

C. **UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:
   For listed hazardous waste: For each **listed** hazardous waste entered in column A select the code*(s)* from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
   For non—listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code*(s)* from the list of process codes contained in Item III to indicate **all** the processes that will be used to store, treat, and/or dispose of all the non—listed hazardous wastes that possess that characteristic or toxic contaminant.
   Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code*(s)*.

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV *(shown in line numbers X-1, X-2, X-3, and X-4 below)* — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non—listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. *(enter code)*	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE *(enter code)*	D. PROCESSES 1. PROCESS CODES *(enter)*	D. PROCESSES 2. PROCESS DESCRIPTION *(if a code is not entered in D(1))*
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)

S												T/A	C
W	W	I	D	0	9	6	8	2	8	9	7	5	1
1	2											13	14	15

FOR OFFICIAL USE ONLY

S				T/A	C	
W	D	U	P		2	DUP
1	2		13	14	15	23 - 26

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
	23 - 26	27 - 35	36	27 - 28 / 29 - 30 / 31 - 32	
1	F005	2750	G	S01	
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					

EPA Form 3510-3 (6-80)

CONTINUE ON REVERSE

(enter "A", "B", "C", etc. behind the "3" to identify photocopied pages)

IV. DESCRIPTION OF HAZARDOUS WASTES *(continued)*

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. *(enter from page 1)*

1	2	3	4	5	6	7	8	9	10	11	12	T/A 13	C 14	15
F	W	I	D	0	9	6	8	2	8	9	7	5		6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility *(see instructions for more detail)*.

VI. PHOTOGRAPHS

All existing facilities must include photographs *(aerial or ground—level)* that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas *(see instructions for more detail)*.

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE *(degrees, minutes, & seconds)*	LONGITUDE *(degrees, minutes, & seconds)*
8 7° 2 2 ' (65 66 67 68 69 - 71)	4 4° 4 9 ' (72 - 74 75 76 77 - 79)

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER	2. PHONE NO. *(area code & no.)*
C E (15 16 - 55)	(56 - 58) - (59 - 61) - (62 - 65)

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
C F (15 16 - 45)	C G (15 16 - 40)	(41 42)	(47 - 51)

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED
Joe Gagnon Vice President/General Mgr.	Joe Gagnon	April 20, 1983

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED
Joe Gagnon Vice President/General Mgr.	Joe Gagnon	April 20, 1983

at Peterson Builders' facility. Prior to loading all drums are inspected for leakage, damage and proper labeling. Proper manifest forms are completed.

III. Facility Decontamination

A. Structures

The floor and the loading dock are the only structures that will possibly need any decontamination. This surface will first be scrapped free of any residue and then steam cleaned and rinsed with water. All residue will be placed in a 55-gallon drum using hand tools. All excess water will be collected by a wet vacuum and placed in the same drum.

B. Equipment

All equipment used in decontaminating structures in the daily operation of the facility will be steam cleaned and rinsed with water. The rinse water will be collected as above and placed in a 55-gallon drum.

C. The amount of waste generated by the decontamination process will not exceed two 55-gallon drums, which will be disposed of in the same manner as discussed for inventory.

The facility superintendent will monitor all activities to ensure conformance with this plan.

IV. Financial Responsibility

See Appendix C.

V. Post Closure

A. Due to the nature of this facility, post-closure requirements including post-closure bonds are not applicable.

VI. Estimated Closure Date

No closure date is anticipated. For planning purposes closure date may be set as December 31, 2083.

CLOSURE COST ESTIMATE

I.	Drum disposal:	52 drums @ $20.00	$1,040.00
II.	Waste incineration:	2750 gal. @ ~~$0.25~~ 0.30	825.00
III.	Scrub floor and clean equipment:		
	3 Laborers @ 3 hrs./each		72.00
	1 Supervisor for 3 hrs.		45.00
IV.	Load scrub water in barrels:		
	3 Laborers @ 1 hr.		24.00
	1 Supervisor for 1 hr.		15.00
V.	Load barrels on truck:		
	1 Forklift Operator for 5 hrs.		60.00
VI.	Final Inspection and Manifests:		
	3 hours salaried Supervisor		75.00
VII.	Transportation; assumes 12 hour round trip, 15 miles/gallon, 3 trips, $1.10/gallon of gas:		
	Gas		120.00
	Driver		360.00
		Sub-total	$2,221,50
		15% Contingency	328.23
		TOTAL	$2,549.73

at Peterson Builders' facility. Prior to loading all drums are inspected for leakage, damage and proper labeling. Proper manifest forms are completed.

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IV.	Load scrub water in barrels:		
	3 Laborers @ 1 hr.		24.00
	1 Supervisor for 1 hr.		15.00
V.	Load barrels on truck:		
	1 Forklift Operator for 5 hrs.		60.00
VI.	Final Inspection and Manifests:		
	3 hours salaried Supervisor		75.00
VII.	Transportation; assumes 12 hour round trip, 15 miles/gallon, 3 trips, $1.10/gallon of gas:		
	Gas		120.00
	Driver		360.00
		Sub-total	$2,221,50
		15% Contingency	328.23
		TOTAL	$2,549.73

Continued from page 4.

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V. FACILITY DRAWING *(see page 4)*

See Figures 1 & 2 for detail

at Peterson Builders' facility. Prior to loading all drums are inspected for leakage, damage and proper labeling. Proper manifest forms are completed.

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	1 Supervisor for 3 hrs.		45.00
IV.	Load scrub water in barrels:		
	3 Laborers @ 1 hr.		24.00
	1 Supervisor for 1 hr.		15.00
V.	Load barrels on truck:		
	1 Forklift Operator for 5 hrs.		60.00
VI.	Final Inspection and Manifests:		
	3 hours salaried Supervisor		75.00
VII.	Transportation; assumes 12 hour round trip, 15 miles/gallon, 3 trips, $1.10/gallon of gas:		
	Gas		120.00
	Driver		360.00
		Sub-total	$2,221,50
		15% Contingency	328.23
		TOTAL	$2,549.73

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	3 Laborers @ 1 hr.		24.00
	1 Supervisor for 1 hr.		15.00
V.	Load barrels on truck:		
	1 Forklift Operator for 5 hrs.		60.00
VI.	Final Inspection and Manifests:		
	3 hours salaried Supervisor		75.00
VII.	Transportation; assumes 12 hour round trip, 15 miles/gallon, 3 trips, $1.10/gallon of gas:		
	Gas		120.00
	Driver		360.00
		Sub-total	$2,221,50
		15% Contingency	328.23
		TOTAL	$2,549.73

SCA CHEMICAL SERVICES, INC.

AN SCA SERVICES COMPANY

11700 S. Stony Island Avenue
Chicago, Illinois 60617
(312) 646-5700

SCA CHEMICAL SERVICES

April 8, 1983

Mr. John Beales
Peterson Builders, Inc.
101 Pennsylvania
Sturgeon Bay, WI 54235

Dear Mr. Beales:

Per our conversation of March 29, 1983, I would like to confirm the ballpark price of .20-.30/gallon, bulk for incineration of paint solvents. A $20/drum handling charge is associated for all drummed liquid waste.

Final approval for acceptance of this waste and firm pricing will be based upon submittal of a representative sample and completion of an enclosed Waste Product Survey Form.

SCA looks forward to being of service to Peterson Builders. Should you have any questions, please contact me at (312) 646-5700.

Very truly yours,

SCA CHEMICAL SERVICES, INC.

Deborah L. Peppers

Deborah L. Peppers,
Technical Sales Coordinator

DLP/bk

Enc.

PBI Peterson Builders, Inc.
SHIP DESIGNERS AND BUILDERS
STURGEON BAY, WISCONSIN 54235-0047
101 Pennsylvania Street, P.O. Box 47
(414) 743-5577
TELEX 26-3423

20 April 1983

Mr. James Reyburn
1125 North Military Avenue
Box 3600
Green Bay, WI 54303-1208

Re: WID 096828975

Dear Mr. Reyburn:

Please make the following corrections to the PBI, Part B RCRA Application:

a) Section A, Form 1, line VIII-B; check "yes".

b) Section A, Form 3, line III-1; change "11,000" to "2750".

c) Section A, Form 3, line IV-1; change "D001" to "F005".

d) Page I-1, paragraph B; change "two hundred" to "fifty" and change "11,000" to "2750".

e) Remove pages I-2 and I-3, and insert the enclosed revised pages I-2 and I-3.

This submittal is made solely for the purpose of completing outstanding requirements of Part A, and to allow for issuance of an interim license. It is not intended to answer all outstanding questions from the two DNR visits or the EPA letter. I hope to make a final Part B submission prior to the end of May.

Thank you for your assistance and cooperation.

Sincerely yours,

PETERSON BUILDERS, INC.

John L. Beales

--continued--

095-9

Mr. James Reyburn 20 April 1983

Re: WID 096828975

Encl: (1) Revised pages I-2, I-3 (3 copies)
(2) SCA letter of 4/8/83
(3) Revised Part A

JLB/nc

cc: Rick Karl, EPA, with enclosures
GH " "
FJP-II " "

Please print or type in the unshaded areas only
(fill—in areas are spaced for elite type, i.e., 12 char... /inch).

YES + 328

Form Approved OMB No. 158-R0175

FORM 1 GENERAL

EPA

U... VIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

S													T/A	C
F	W	I	D	0	9	6	8	2	8	9	7	5		D
1	2											13	14	15

LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill—in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill—in area*(s)* below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of **bold—faced terms.**

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge to waters of the U.S.?** (FORM 2A)		X	
B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge to waters of the U.S.?** (FORM 2B)		X	
C. Is this a facility which currently results in **discharges to waters of the U.S.** other than those described in A or B above? (FORM 2C)		X	
D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge to waters of the U.S.?** (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of **hazardous wastes?** (FORM 3)	X		
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area?** (FORM 5)		X	
J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area?** (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP: Peterson Builders Inc

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
2 Gary Higgins Mgr I.N.D. E.N.G.	414 743 5577

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 101 Pennsylvania Street

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 Sturgeon Bay	WI	54235

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 107 E. Walnut

B. COUNTY NAME

Door

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
6 Sturgeon Bay	WI	54235	015

JUL 29 1981

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST	B. SECOND
3731 Ship Building	3629 Industrial Trucks
C. THIRD	**D. FOURTH**

VIII. OPERATOR INFORMATION

A. NAME: Peterson Builders Inc

B. Is the name listed in Item VIII-A also the owner? [X] YES [ ] NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)
F = FEDERAL; M = PUBLIC (other than federal or state); S = STATE; O = OTHER (specify); P = PRIVATE
P

D. PHONE (area code & no.): A 715 743 5577

E. STREET OR P.O. BOX: 101 Pennsylvania Street

F. CITY OR TOWN: Sturgeon Bay

G. STATE: WI

H. ZIP CODE: 54235

IX. INDIAN LAND

Is the facility located on Indian lands? [ ] YES [X] NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water): 9 N	D. PSD (Air Emissions from Proposed Sources): 9 P
B. UIC (Underground Injection of Fluids): 9 U	E. OTHER (specify): 9 (specify)
C. RCRA (Hazardous Wastes): 9 R	E. OTHER (specify): 9 (specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property bounderies. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Ship building

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
E. L. PETERSON, PRESIDENT	E L Peterson	7/23/81

COMMENTS FOR OFFICIAL USE ONLY

C

Please print or type in the unshaded areas only
(fill—in areas are spaced for elite type, i.e., 12 ch[illegible]/inch).

9ES *328

Form Approved OMB No. 158-S80004

FORM 3 RCRA — EPA

U.S. [illegible]IRONMENTAL PROTECTION AGENCY

HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

S		T/A	C
F	WID096828975		I

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below *(mark one box only)* to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION *(place an "X" below and provide the appropriate date)*

[X] 1. EXISTING FACILITY *(See instructions for definition of "existing" facility. Complete item below.)*

[ ] 2. NEW FACILITY *(Complete item below.)*

C	YR.	MO.	DAY
8	80	05	19

FOR EXISTING FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED *(use the boxes to the left)*

YR.	MO.	DAY

FOR NEW FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION *(place an "X" below and complete Item I above)*

[ ] 1. FACILITY HAS INTERIM STATUS

[ ] 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES – CODES AND DESIGN CAPACITIES

A. PROCESS CODE — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code*(s)* in the space provided. If a process will be used that is not included in the list of codes below, then describe the process *(including its design capacity)* in the space provided on the form *(Item III-C)*.

B. PROCESS DESIGN CAPACITY — For each code entered in column A enter the capacity of the process.
1. AMOUNT — Enter the amount.
2. UNIT OF MEASURE — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER *(barrel, drum, etc.)*	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET *(the volume that would cover one acre to a depth of one foot)* OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER *(Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)*	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III *(shown in line numbers X-1 and X-2 below)*: A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S		T/A	C
C	DUP		1

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT	2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
X-1	S02	600	G		5				
X-2	T03	20	E		6				
1	S01	11000	G		7				
2					8				
3					9				
4					10				

Continued from the front.

III. PROCESSES *(continued)*

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES *(code "T04")*. FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. **EPA HAZARDOUS WASTE NUMBER** – Enter the four–digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four–digit number*(s)* from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. **ESTIMATED ANNUAL QUANTITY** – For each **listed waste** entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each **characteristic** or **toxic contaminant** entered in column A estimate the total annual quantity of all the non–listed waste*(s)* that will be handled which possess that characteristic or contaminant.

C. **UNIT OF MEASURE** – For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. **PROCESSES**

1. PROCESS CODES:
   For listed hazardous waste: For each **listed** hazardous waste entered in column A select the code*(s)* from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
   For non–listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code*(s)* from the list of process codes contained in Item III to indicate **all** the processes that will be used to store, treat, and/or dispose of all the non–listed hazardous wastes that possess that characteristic or toxic contaminant.
   Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code*(s)*.

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER – Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV *(shown in line numbers X-1, X-2, X-3, and X-4 below)* – A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non–listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

Continued from page 2.
NOTE: Photocopy this page before completing if ...ave more than 26 wastes to list.

JES *328

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)

1	2	3	4	5	6	7	8	9	10	11	12	13	T/A 14	C 15
W	W	I	D	0	9	6	8	2	8	9	7	5		1

FOR OFFICIAL USE ONLY

1	2	3	4	5	6	7	8	9	10	11	12	13	T/A 14	C 15	23	24	25	26
W	D	U	P											2	D	U	P	

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code) 23 - 26	B. ESTIMATED ANNUAL QUANTITY OF WASTE 27 - 35	C. UNIT OF MEASURE (enter code) 36	D. PROCESSES 1. PROCESS CODES (enter) 27 - 28 / 29 - 30 / 31 - 32 / 33 - 34	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	F005	11000	G	S01	
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					

Continued from the front.

IV. DESCRIPTION OF HAZARDOUS WASTE (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3:

EPA I.D. NO. (enter from page 1)

													T/A	C
F	W	I	D	0	9	6	8	2	8	9	7	5		6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility *(see instructions for more detail).*

VI. PHOTOGRAPHS

All existing facilities must include photographs *(aerial or ground–level)* that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas *(see instructions for more detail).*

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)	LONGITUDE (degrees, minutes, & seconds)
87° 22'	44° 49'

VIII. FACILITY OWNER

[X] A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER	2. PHONE NO. (area code & no.)
E	

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
F	G		

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
E. L. PETERSON, PRESIDENT (For the Stockholders)		7/23/81

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED

NES 328

Form Approved OMB No. 158-S80004

V. FACILITY DRAWING *(see page 4)*

See Figures 1 & 2 for detail

Pleas print or type in the unshaded areas only
(fill- areas are spaced for elite type, i.e., 12 chara

Form Approved OMB No. 158-S80004

FORM J RCRA

U.S. ENVIRONMENTAL PROTECTION AGENCY

HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I.D. NUMBER

S												T/A	C
F	W	I	D	0	9	6	8	2	8	9	7	5	1

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below *(mark one box only)* to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION *(place an "X" below and provide the appropriate date)*

[X] 1. EXISTING FACILITY *(See instructions for definition of "existing" facility. Complete item below.)*

[ ] 2. NEW FACILITY *(Complete item below.)*

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED *(use the boxes to the left)*

C	YR.	MO.	DAY
8	80	05	19

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

YR.	MO.	DAY

B. REVISED APPLICATION *(place an "X" below and complete Item I above)*

[X] 1. FACILITY HAS INTERIM STATUS

[ ] 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES – CODES AND DESIGN CAPACITIES

A. PROCESS CODE – Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process *(including its design capacity)* in the space provided on the form *(Item III-C)*.

B. PROCESS DESIGN CAPACITY – For each code entered in column A enter the capacity of the process.

1. AMOUNT – Enter the amount.
2. UNIT OF MEASURE – For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER *(barrel, drum, etc.)*	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET *(the volume that would cover one acre to a depth of one foot)* OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER *(Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)*	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H
ACRE-FEET	A
HECTARE-METER	F
ACRES	B
HECTARES	Q

EXAMPLE FOR COMPLETING ITEM III *(shown in line numbers X-1 and X-2 below)*: A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S		T/A	C
C	DUP		1

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
X-1	S02	600	G		5				
X-2	T03	20	E		6				
1	S01	5500			7				
2					8				
3					9				
4					10				

Continued from the front.

III. PROCESSES *(continued)*

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES *(code "T04")*. FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. **EPA HAZARDOUS WASTE NUMBER** – Enter the four–digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four–digit number*(s)* from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. **ESTIMATED ANNUAL QUANTITY** – For each **listed waste** entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each **characteristic** or **toxic contaminant** entered in column A estimate the total annual quantity of all the non–listed waste*(s)* that will be handled which possess that characteristic or contaminant.

C. **UNIT OF MEASURE** – For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. **PROCESSES**

1. PROCESS CODES:
   For listed hazardous waste: For each **listed** hazardous waste entered in column A select the code*(s)* from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
   For non–listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code*(s)* from the list of process codes contained in Item III to indicate **all** the processes that will be used to store, treat, and/or dispose of all the non–listed hazardous wastes that possess that characteristic or toxic contaminant.
   Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code*(s)*.

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER – Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV *(shown in line numbers X-1, X-2, X-3, and X-4 below)* – A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non–listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. *(enter code)*	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE *(enter code)*	D. PROCESSES 1. PROCESS CODES *(enter)*	D. PROCESSES 2. PROCESS DESCRIPTION *(if a code is not entered in D(1))*
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				*included with above*

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)														FOR OFFICIAL USE ONLY												
												T/A	C											T/A	C	
W	W	I	D	0	9	6	8	2	8	9	7	5		1	W							DUP			2	DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	F005	1,100	G	S01	
2	F002	1,100	G	S01	
3	F003	11,000	G	S01	
4	U028	220	G	S01	
5					
6					
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25					
26					

EPA Form 3510-3 (6-80)

CONTINUE ON REVERSE

Continued from the front.

IV. DESCRIPTION OF HAZARDOUS ...ES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

F	W	I	D	0	9	6	8	2	8	9	7	5	6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility *(see instructions for more detail).*

VI. PHOTOGRAPHS

All existing facilities must include photographs *(aerial or ground-level)* that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas *(see instructions for more detail).*

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)	LONGITUDE (degrees, minutes, & seconds)
8 7° 2 2	4 4° 4 9

VIII. FACILITY OWNER

[X] A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER	2. PHONE NO. (area code & no.)
E	

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
F	G		

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
J. Soderlund Vice President	J. Soderlund	17 March 1986

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
J. Soderlund Vice President	J. Soderlund	17 March 1986

GES # [illegible]8
7/30/81

Peterson Builders, Inc.

SHIP DESIGNERS AND BUILDERS

STURGEON BAY, WISCONSIN 54235
101 Pennsylvania Street, P.O. Box 47

(414) 743-5577
TELEX 26-3423

July 23, 1981

U.S. Environmental Protection Agency
111 West Jackson Blvd
Chicago, ILL 60605

ATTENTION: MR. RICK KARL

ENCLS: (1) Interim Status Permit Application (Part A)
(2) PBI letter to EPA dated June 3, 1981

Dear Mr. Karl:

Pursuant to our conversation on July 7, 1981, I am submitting herewith our application for Interim Status TSD Permit (Encl 1).

By way of background, Peterson Builders notified the EPA on November 11, 1980 of our hazardous waste activity. At the time of that submission it was noted that we should be classified as a generator as well as a TSD facility. We were subsequently given hazardous identification waste numbers for both our Pennsylvania and Walnut Street facilities, but not advised of any obligation to submit Part A. Last month when I was assigned administrative responsibility for the hazardous waste program I reviewed the file and felt that we had erroneously filed for TSD activity. My letter to the EPA (Encl 2) asked that our notification be changed to read generator and transporter. I subsequently hired consultants to assist us in the hazardous waste program and they advised that Peterson Builders should be classified generator, transporter and TSD. You confirmed this opinion in our phone conversation on July 11, 1981.

Please consider this letter our notification to the EPA that Peterson Builders wishes to be classified as a generator, transporter and treatment/storage/disposal facility.

JUL 29 1981

#328

I very much appreciate the assistance and cooperation you have extended to me in this matter. Please call me if you have any questions or comments concerning our application.

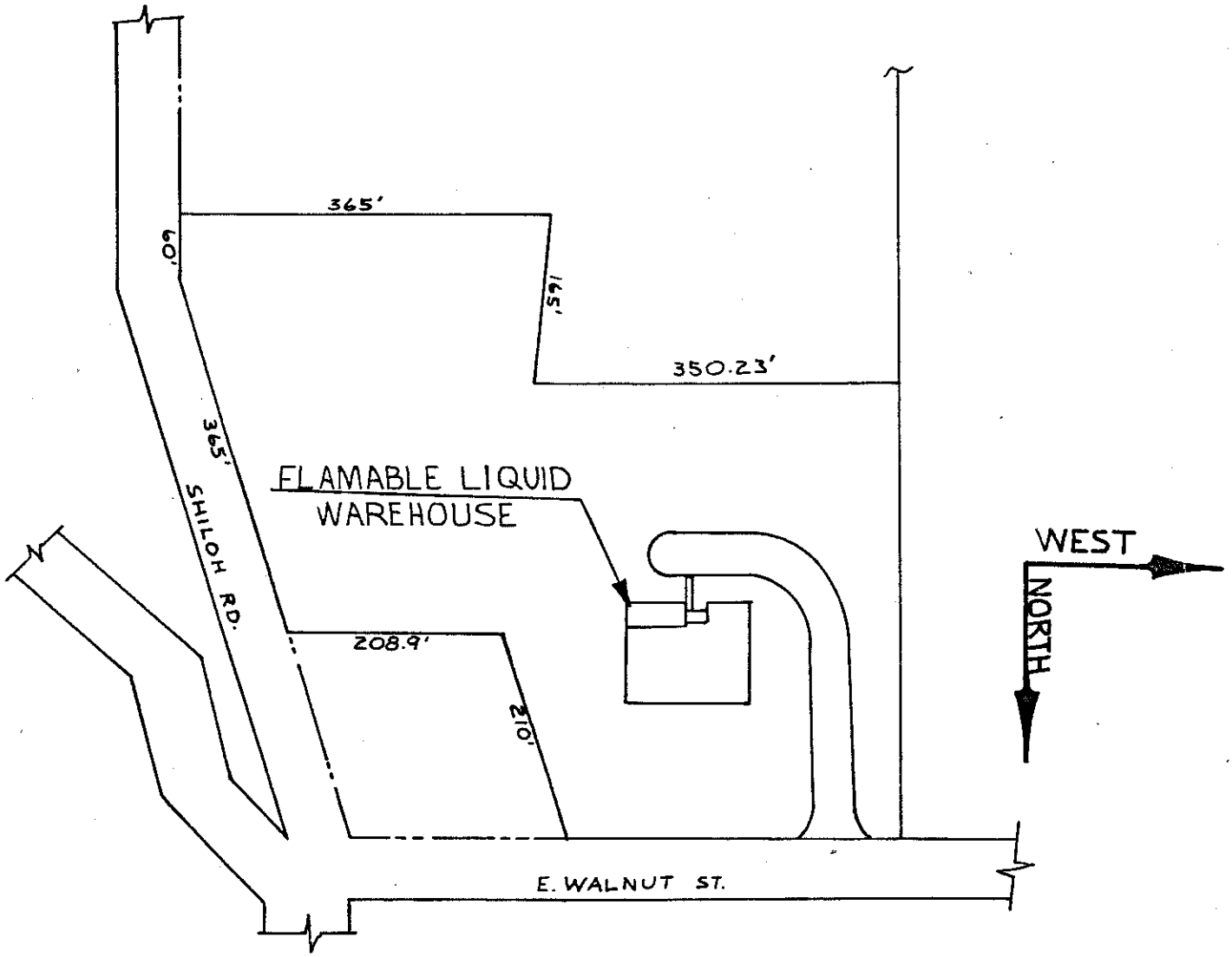
Thank you very much.

Very truly yours,

PETERSON BUILDERS, INC.

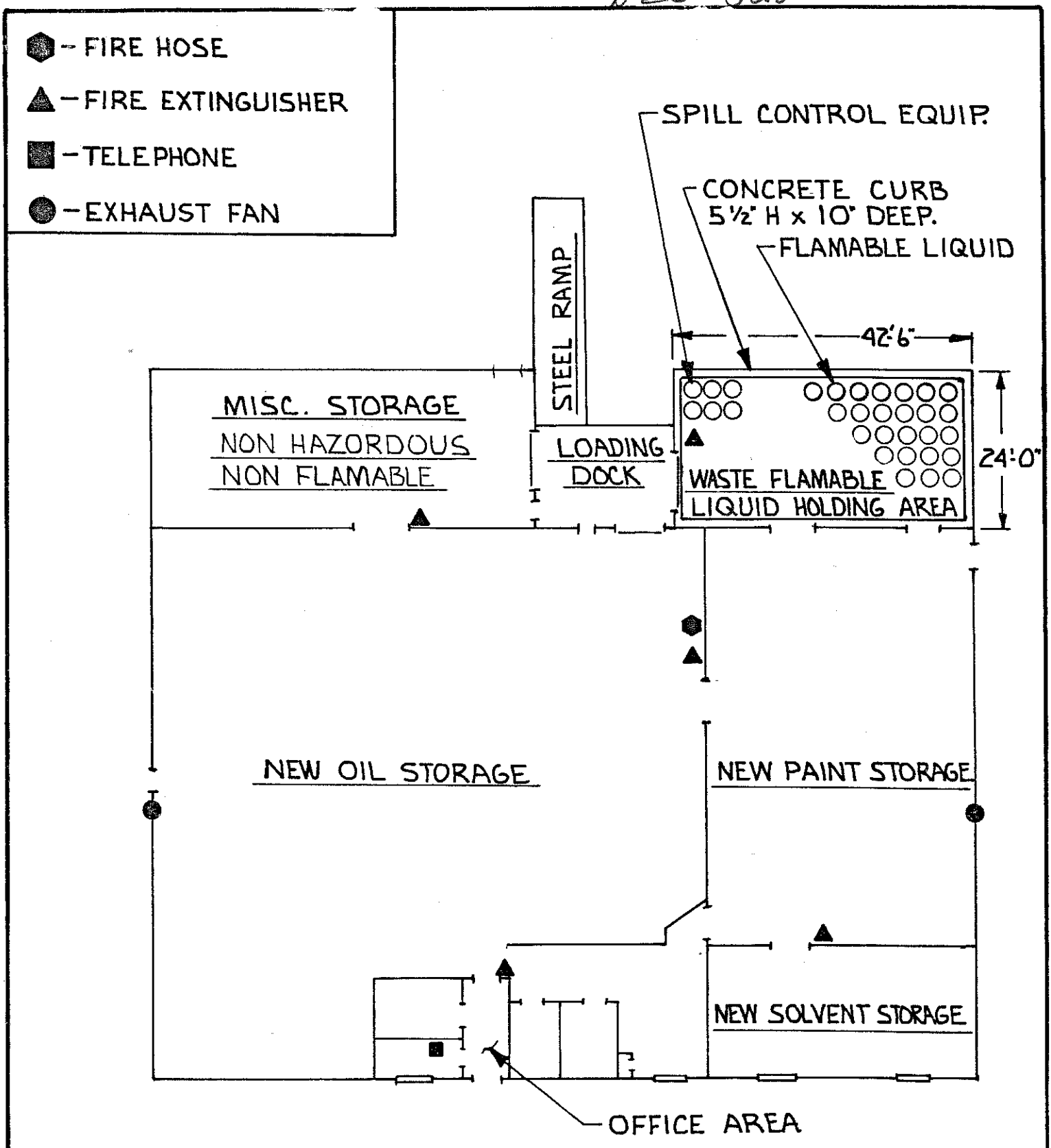
Gary Higgins

GH/ss



PLOT MAP FOR P.B.I.
FLAMABLE LIQUIDS WAREHOUSE

Figure 1



P.B.I.
FLAMABLE LIQUIDS
WAREHOUSE

WEST
NORTH

Figure 2

Photo 1

Photo 2

Peterson Builders, Inc.
SHIP DESIGNERS AND BUILDERS
STURGEON BAY, WISCONSIN 54235
101 Pennsylvania Street, P.O. Box 47
(414) 743-5577
TELEX 26-3423

November 11, 1980

Y.J. Kim, Region V
Environmental Protection Agency
Solid Waste Program
230 Dearborn St.
Chicago, Illinois 60604

Dear Y.J. Kim:

Please consider this notification form as of the August 18, 1980 deadline. I apologize for the delay, since our tardiness is by no means indicative of an unwillingness to comply with the new hazardous waste management regulations. The delay results from the fact that the materials and information necessary to complete this notification of hazardous waste activity arrived at a very late date, as far as the schedule is concerned, leaving it impossible to comply with the August deadline. In fact, it was far into September before I became aware of this situation and the requirements. Since we wish to be in compliance, we would greatly appreciate your cooperation. I would also like to request a return receipt concerning this correspondence.

Sincerely,

PETERSON BUILDERS, INC.

David M. Nieman

David M. Nieman,
Safety Technician

Fred J. Peterson II

Fred J. Peterson II,
Facilities Superintendent

PETERSON BUILDERS, INC.
101 PENNSYLVANIA STREET
P.O. BOX 47
STURGEON BAY, WISCONSIN 54235
SHIPBUILDERS

STURGEON BAY WIS. NOV 19 '80
U.S. POSTAGE .15

Y.J. Kim, Region V
Environmental Protection Agency
Solid Waste Program
230 Dearborn St.
Chicago, Illinois 60604

Re: RCRA